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CONFIRMATION NO. 8523

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
|--|---|--|---------------------------------|--|-----------------|-----------------------|
| 10/528,577 | 03/21/2005 | 606 | 3763 | WEICKM-44 | | |
| RULE | | | | | | |
| APPLICANTS Ulrich Speck, Berlin, GERMANY; Bruno Scheller, Saarbrücken, GERMANY; ** CONTINUING DATA ***** This application is a 371 of PCT/DE03/02871 08/26/2003 ** FOREIGN APPLICATIONS ***** GERMANY 102-44-847.7 09/20/2002 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** | | | | | | |
| Foreign Priority claimed | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | GERMANY | 0 | 23 | 1 |
| Verified and | /LAURA A BOUCHELLE/ Examiner's Signature | | | | | |
| Acknowledged | Initials | | | | | |
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| TITLE MEDICAL DEVICE FOR DISPENSING MEDICAMENTS | | | | | | |
| FILING FEE RECEIVED 3196 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees | | |
| | | | | <input type="checkbox"/> 1.16 Fees (Filing) | | |
| | | | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | | |
| | | | | <input type="checkbox"/> 1.18 Fees (Issue) | | |
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